

SERIAL NUMBER 09/459,815	FILING DATE 12/13/99	CLASS 370	GROUP ART UNIT 2739	ATTORNEY DOCKET NO. FFIV114111
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APPLICANT

BRYAN D. SKENE, SEATTLE, WA; SCOTT P. TENNICAN, SEATTLE, WA; THOMAS E. KEE, MUKILTEO, WA.

****CONTINUING DOMESTIC DATA******* AUB
 VERIFIED PROVISIONAL APPLICATION NO. 60/140,101 06/18/99

****371 (NAT'L STAGE) DATA******* AUB
 VERIFIED

****FOREIGN APPLICATIONS******* AUB
 VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/19/00 ** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged AUB <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Initials Initials </div>	STATE OR COUNTRY WA	SHEETS DRAWING 20	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 3
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ADDRESS

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 JOHNSON & KINDNESS PLLC
 1420 FIFTH AVENUE SUITE 2800
 SEATTLE WA 98101-2347

TITLE

METHOD AND SYSTEM FOR BALANCING LOAD DISTRIBUTION ON A WIDE AREA NETWORK

FILING FEE RECEIVED \$708	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. f time) <input type="checkbox"/> 1.18 Fees (Issu) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

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Washington, D.C. 20231

SERIAL NUMBER 09/459,815	FILING DATE 12/13/1999 RULE -	CLASS 370	GROUP ART UNIT 2739	ATTORNEY DOCKET NO. FFIV114111
APPLICANTS BRYAN D. SKENE, SEATTLE, WA ; SCOTT P. TENNICAN, SEATTLE, WA ; THOMAS E. KEE, MUKILTEO, WA ;				
** CONTINUING DATA ***** AUB THIS APPLN CLAIMS BENEFIT OF 60/140,101 06/18/1999				
** FOREIGN APPLICATIONS ***** AUB				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 01/19/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> AUB Examiner's Signature Initials		STATE OR COUNTRY WA	SHEETS DRAWING 20	TOTAL CLAIMS 42 INDEPENDENT CLAIMS 3
ADDRESS # 023562 - Customer # 07278 -				
TITLE METHOD AND SYSTEM FOR BALANCING LOAD DISTRIBUTION ON A WIDE AREA NETWORK				
FILING FEE RECEIVED 708	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	